



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent

CONSULTEC

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Medicaid Provider Services

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Mailing Addresses

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Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100
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Medicaid Fiscal Agent Information on the Internet

WWW.CONSULTEC-GCRO.COM

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Hospitals, Physicians, FQHCs, RHCs, Psychologists, Clinics, & Non-physician practitioners Reference: B0000067 June 2000

Changes to Mental Health Managed Care Enrollment

Since December 1998, Medicaid clients have been enrolled in the Mental Health Managed Care Program on a **prospective** basis. Enrollment was effective the first day of the month after the month in which Medicaid eligibility is entered into the State's eligibility system. Providers rendering mental health services *prior* to Mental Health Managed Care Program enrollment, but *during* the Medicaid eligible period, submit claims to the Fiscal Agent. Claims are paid on a fee-for-service basis.

Prospective enrollment example:

On February 10th an individual applies for Medicaid. On April 5th, the County Department of Social Services determines that the applicant is eligible for Medicaid going back to the application date. Eligibility information is entered into the State's eligibility system. The managed care enrollment system enrolls the individual in the Mental Health Managed Care Program effective May 1st. Providers who render mental health services from February 10th through April 30th submit claims to the Fiscal Agent for payment on a fee-for-service basis. Any covered mental health services provided on or after May 1st must be billed to the Mental Health Assessment and Services Agency (MHASA) in which the client is enrolled. All non-emergency mental health services provided on or after May 1st must be prior authorized by the MHASA.

Effective June 1, 2000, the Colorado Medicaid Program is changing the way it enrolls Medicaid clients in the Mental Health Managed Care Program. As of June 1, 2000, *all newly eligible individuals* will be enrolled in the Mental Health Managed Care Program on a **retrospective** basis. The enrollment date will be the same as the Medicaid eligibility date. The MHASA will be paid a capitation for the retroactive enrollment period during the first capitation cycle following the entry of enrollment. Medicaid providers who render mental health services during the period when the client was retroactively eligible for Medicaid and retroactively enrolled in the Mental Health Managed Care Program must submit claims for reimbursement to the MHASA in which the client is enrolled. Covered mental health services provided during periods of retroactive enrollment in the Mental Health Managed Care Program do not require prior authorization by the MHASA. Non-emergency mental health services provided after eligibility and enrollment have been established and entered into the State's eligibility and enrollment systems must be prior authorized by the MHASA.

Retrospective enrollment example:

On February 10th an individual applies for Medicaid. On April 5th, the County Department of Social Services determines that the applicant is eligible for Medicaid going back to the date of application, and enters the eligibility information into the State's eligibility system. The managed care enrollment system automatically enrolls the individual in the Mental Health Managed Care Program effective February 10th, the same date as the Medicaid eligibility effective date. Providers who render mental health services on or after February 10th must submit claims to the MHASA in which the individual is enrolled.

Covered mental health services provided during the period of retroactive enrollment (February 10th through April 5th) do not have to be prior authorized by the MHASA. Non-emergency mental health services provided after the date that enrollment in the Mental Health Managed Care Program is entered into the enrollment system (on or after April 6th) must be prior authorized by the MHASA.

Medicaid providers who participated in the Colorado Medicaid Program from August 1995 through November 1998 may remember that during this period, Medicaid clients were enrolled in the Mental Health Managed Care Program on a **retrospective** basis. The change described in this Provider Bulletin is a return to the system that was in place during that time.

All providers are reminded to verify Medicaid eligibility and MHASA enrollment before providing any non-emergency mental health services. Remember to obtain prior authorization of the client's MHASA before providing non-emergency mental health services.

Please direct questions about Medicaid billing or the information in this bulletin to:

Medicaid Provider Services

303-534-0146 or 1-800-237-0757 (toll free Colorado)